

# **Integrated Health Home Workgroup Meeting June 8, 2022**

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# Role Call

# Format of Workgroup

- Discuss prior meeting (high level)
- Topic for the meeting
- Plan and expectations for next meeting

It is ok to ask questions during the meeting and between meetings. These questions and answers will be shared at the beginning of each meeting.

# What is Our Why? What Do We Want to Accomplish?

- Identify how the Health Homes meet the provider standards set forth by the federal government as well as identify appropriate oversight of those standards.
- Develop a proposal for a payment methodology that is consistent with the goals of efficiency, economy, and quality of care. The rate will be developed according to the actual cost of providing each component of the service.
- Review member qualifications in order to propose qualifications that meets federal and state code.
- Update Health Home Services to reflect whole-person team based-care while reducing provider burden.
- Develop a Quality Improvement model that can be adopted by Integrated Health Homes.
- Develop a proposal to present to the State that encompasses all the forementioned goals.

# Ground Rules

- You can respect another person's point of view without agreeing with them.
- Respectfully challenge the idea, not the person and bring potential solutions.
- Blame or judgment will get you further from a solution, not closer.
- Honest and constructive discussions are necessary to get the best results.
- Listen respectfully, without interrupting.
- Listen actively and with an ear to understanding others' views. (Don't just think about what you are going to say while someone else is talking.)
- Commit to learning, not debating. Comment in order to share information, not to persuade.
- Avoid blame, speculation, and inflammatory language.
- Allow everyone the chance to speak.

# Objectives

- Review of Last Meeting and Workgroup Report
- Health Home Services
  - Include discussion of who can do what and examples of documentation.
  - Include HIT requirements for specific services.
  - Function and roles
  - Hab/CMH vs Health Home Requirements need clarified

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# Last Meeting

- Discussed Payment Methodologies, Member Qualifications, Provider Qualifications.

# Workgroup Report

	<p><b>Intelligent Health-Kiosk Program Proposal Challenge (Project)</b></p>
<p><b>Project Analysis</b></p> <ol style="list-style-type: none"> <li>1. <b>Problem Statement:</b> The current health-kiosk program is outdated and inefficient, leading to long wait times and poor user experience. The goal is to replace it with a modern, user-friendly system that can handle a larger volume of users and provide more comprehensive health services.</li> <li>2. <b>Objectives:</b> <ul style="list-style-type: none"> <li>Develop a new health-kiosk program that is easy to use and provides a wide range of health services.</li> <li>Improve the user experience by reducing wait times and providing more comprehensive health services.</li> <li>Ensure the program is secure and compliant with all relevant regulations.</li> </ul> </li> <li>3. <b>Scope:</b> The program will be developed for use in a community health center and will be available to all users.</li> <li>4. <b>Stakeholders:</b> <ul style="list-style-type: none"> <li>Community Health Center</li> <li>Health-Kiosk Program</li> <li>Users</li> <li>Health-Kiosk Program</li> </ul> </li> <li>5. <b>Timeline:</b> The program will be developed over a period of 12 months.</li> <li>6. <b>Budget:</b> The program will be developed for a budget of \$100,000.</li> <li>7. <b>Risks:</b> <ul style="list-style-type: none"> <li>Security risks: The program will be developed for a community health center, which is a high-risk environment.</li> <li>Integration risks: The program will be developed for a community health center, which is a high-risk environment.</li> <li>Compliance risks: The program will be developed for a community health center, which is a high-risk environment.</li> </ul> </li> </ol>	<p><b>Project Analysis</b></p> <p>The current health-kiosk program is outdated and inefficient, leading to long wait times and poor user experience. The goal is to replace it with a modern, user-friendly system that can handle a larger volume of users and provide more comprehensive health services.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Develop a new health-kiosk program that is easy to use and provides a wide range of health services.</li> <li>2. Improve the user experience by reducing wait times and providing more comprehensive health services.</li> <li>3. Ensure the program is secure and compliant with all relevant regulations.</li> </ol> <p><b>Scope:</b> The program will be developed for use in a community health center and will be available to all users.</p> <p><b>Stakeholders:</b></p> <ul style="list-style-type: none"> <li>Community Health Center</li> <li>Health-Kiosk Program</li> <li>Users</li> <li>Health-Kiosk Program</li> </ul> <p><b>Timeline:</b> The program will be developed over a period of 12 months.</p> <p><b>Budget:</b> The program will be developed for a budget of \$100,000.</p> <p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>Security risks: The program will be developed for a community health center, which is a high-risk environment.</li> <li>Integration risks: The program will be developed for a community health center, which is a high-risk environment.</li> <li>Compliance risks: The program will be developed for a community health center, which is a high-risk environment.</li> </ul>



# Follow-up

## Workgroup Report Page 2

- Further research on “Complete status reports to document member's housing, legal, employment status, education, custody, etc.” so the group can discuss formal recommendations.
  - After reviewing with LeAnn, this needs to remain. We can add this to the process parking lot.


## Workgroup Report Page 3

- Review Update

## Workgroup Report Page 4 and 5

- Review additions from last meeting
  - CASH/Non-ICM assessment identify FI?
  - Other tools for FI?
  - LPN as an optional additional role to the RN, BSN

# Overview of the Timeline

 <b>Department of HUMAN SERVICES</b>	
<b>Health Home Quality Improvement Workgroup</b>	
<p>The Health Home Quality Improvement Workgroup was created and the development of ongoing survey and activities. This workgroup will meet at weekly from 10am to 11am. Presentations will be submitted to the HHS for review. The plan is to update the HHS based on approved recommendations/changes.</p>	
Date	Topic/Item
February 1, 2022	Initial meeting <ul style="list-style-type: none"> <li>Federal Requirements</li> <li>OSI (Outpatient Support) in context</li> </ul>
February 16, 2022	Initial meeting <ul style="list-style-type: none"> <li>Submitted Health Home SPA</li> <li>What are the meeting goals?</li> <li>What changes from state and city? (Health Home) or already</li> <li>Include SPA from 2016 as supporting documentation</li> </ul>
March 3, 2022	First meeting of the HHS (10am to 11am) (Health Home) <ul style="list-style-type: none"> <li>What are the meeting goals?</li> <li>What changes from state and city? (Health Home) or already</li> <li>Flow chart of what is the authority (Federal code, Iowa code, SPA...)</li> <li>Include SPA from 2016 as supporting documentation</li> </ul>
March 14, 2022	Iowa Administrative Rule (draft) Review of last meeting's feedback Review of the site feedback, survey, and Listening Sessions. Health Home Providers
March 24 <sup>th</sup> , 2022	Review of last meeting's feedback Health Home Providers Provider Standards <ul style="list-style-type: none"> <li>How does the Health Home Meet?</li> <li>Peer Support and Family Peer Support HHS responsibility to coordinate services when they qualify for Habilitation/CFW, but services are not available.</li> <li>Managing Habilitation and CMTW</li> <li>How does the MCO/Iowa Medicaid support and oversee?</li> <li>Address feedback of MCO/IME Administrative Oversight, Review.</li> </ul>
April 14, 2022	<ul style="list-style-type: none"> <li>Using the survey information to support the work</li> <li>Review of last meeting's feedback</li> </ul> Provider Standards <ul style="list-style-type: none"> <li>Peer Support and Family Peer Support HHS responsibility to coordinate services when they qualify for Habilitation/CFW, but services are not available.</li> <li>Managing Habilitation and CMTW</li> <li>How does the MCO/Iowa Medicaid support and oversee?</li> <li>Address feedback of MCO/IME Administrative Oversight, Review.</li> <li>Using the survey information to support the work</li> </ul>
April 27 <sup>th</sup> , 2022	Review of last meeting's feedback Provider Standards <ul style="list-style-type: none"> <li>CFW</li> <li>CFW Distribution</li> </ul> Habilitation <ul style="list-style-type: none"> <li>Health Home Services documentation on the state</li> </ul>
May 11, 2022	Habilitation <ul style="list-style-type: none"> <li>Health Home Services documentation on the state</li> </ul> Member Qualifications <ul style="list-style-type: none"> <li>MCO/IME Support of Provider Enrollment Activities</li> <li>How does CMH and Habilitation fit into this?</li> </ul>
May 25, 2022	Review of last meeting's feedback Member Qualifications <ul style="list-style-type: none"> <li>Address the LMHP requirement for PT (propose recommendations)               <ul style="list-style-type: none"> <li>Multiple ask for records, incomplete records, refusing to share records</li> <li>Causes an access to Health Home Services barrier</li> <li>Health Home doesn't want to turn away eligible members</li> <li>Causing provider attrition between LMHP and HHS</li> <li>Causes bottleneck</li> </ul> </li> </ul> Team Qualifications <ul style="list-style-type: none"> <li>Name: looking at recent Role, what is allowed?</li> <li>Peer Training: (age requirement, additional training, support needs of the HHS)</li> <li>Care Coordinator: Other Role, ETP allowance.</li> </ul>
June 8, 2022	Review of last meeting's feedback Health Home Services include discussion of who can do what. Also,
June 15, 2022	Review of last meeting's feedback Quality Improvement <ul style="list-style-type: none"> <li>Learning Collaborative process</li> <li>Standard</li> <li>OSI based CMTW structure</li> </ul>
June 22, 2022	Review of last meeting's feedback Quality Improvement <ul style="list-style-type: none"> <li>Learning Collaborative process</li> <li>Standard</li> <li>OSI based CMTW structure</li> </ul>
July 6, 2022	Review of last meeting's feedback Quality Improvement <ul style="list-style-type: none"> <li>Learning Collaborative process</li> <li>Standard</li> <li>OSI based CMTW structure</li> </ul>
July 20, 2022	Putting it all together. Presentation of Draft Proposal and SPA

# Documents for Today



## Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 16-0013

This file contains the following documents in

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

## Consolidated Implementation Guide: Medicaid State Plan – Health Homes

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# Health Home Services

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care from Inpatient to Other Settings (Including appropriate follow-up)
- Individual and Family Support (which includes authorized representatives)
- Referral to Community and Social Support Services

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# Brainstorming Document

# Next Steps

- Continue Health Home Services
  - Include discussion of who can do what.
  - Include HIT requirements for specific services.
  - Function and roles
  - Hab/CMH vs Health Home Requirements need clarified